2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 19, 2006
Secretary of State

DOCUMENT# L04000079261

Entity Name: GALLON ENTERPRISES & ESTATES LLC

Current Principal Place of Business:

5183 WELLINGTON PARK CIRCLE
C48
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5183 WELLINGTON PARK CRICLE
C48
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3821249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLON, EDWARD L
5183 WELLINGTON PARK CIRCLE
C48
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	CEO	( ) Delete
Name:	GALLON, EDWARD L	
Address:	5183 WELLINGTON PARK CIRCLE C48	
City-St-Zip:	ORLANDO, FL 32839	
Title:	CEO	( ) Delete
Name:	BOONE, JOSEPH	
Address:	5183 WELLINGTON PARK CIRCLE C48	
City-St-Zip:	ORLAN DO, FL 32839	
Title:	CFO	(X) Delete
Name:	GREGORY, ANA	
Address:	5183 WELLINGTON PARK CIRCLE C48	
City-St-Zip:	ORLANDO, FL 32839	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD GALLON CEO 03/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date